



INTERNATIONAL COMMUNITY MENTAL HEALTH MOVEMENT

GROW IN ILLINOIS

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Invited Testimony

Data Security and Privacy Committee of the ILHIE Authority Board

March 29, 2012

NIU-Naperville

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My name is Walter Blumenshine. I would like to thank the Data Security and Privacy Committee for allowing me, on behalf of GROW in Illinois, to testify before you today.

I am a Fieldworker for GROW In Illinois. We are a provider of peer support mental health groups. I assist in set up and proper running of our program in the community and in various agencies. I am also a consumer who has a mental illness. First of all, I will state the electronic exchange of patient information is long overdue and needed. First and foremost, the issue of professional and proper care must be the most important factor, followed by an economically driven system to perform the mission to save the taxpayers money.

There are six points that we have discussed in my office and at a few of the DHS framework meetings we have attended which I will point out in my testimony.

I will first talk about the **CONSENT ISSUE**.

As professionals, we must do everything in our power to make sure all parties involved are of the same understanding. When we talk about consent it is not just here sign this. Because we know this happens. When it comes to consent we must take that extra step to ensure that the consumer knows for sure what they are doing. A few extra minutes is all this will take and with that extra time given the consumer feels at ease and in control of their care. This gives them that sense of being ordinary as a person and a patient.

Secondly, as far **records being shared.**

Personally I have no problems with this. As a matter of fact if the result is better care, myself and our organization are all for this. If it is used to safeguard the care and treatment the consumers receive i.e. a better understanding of med's prescribed by both the healthcare provider and the mental healthcare provider and severe issues that may compound the care being afforded. The scheduling of appointments so it may be done effectively and in regard to the consumer and there transportation issues as many do not drive and for a majority transportation is a troubling issue. And that they are treated justly and fairly in all regards to care.

Now to the question of **what needs to be shared.**

This and with whom can be argued over and over. If there is a procedure that could impact the well-being of a consumer then all things should be made accessible but only if needed should they be opened. No other reason or excuse that I can see need be given to this matter. What importance are my mental health records if I am having a toenail removed. And vice a versa!!! Possibly the only things I can see to be shared here are the med's I am taking and the reaction to anything I would be prescribed because of the procedure. **If it doesn't apply, then why?**

The question of **WHO HAS ACCESS** to the records.

I am going to address who does not have access part first. In no way anyone outside healthcare, mental healthcare, mental health agencies, social services and the consumer should have access. The court system , police and fire do not need this information. If they do they can attain it the old fashion way and do it through the judicial process. There should be procedures in process for them to evaluate without the need of records I have discussed with the Director of Forensics for the State this.

The consumer should be able to access all things pertaining to them that anyone else can. **Bottom line.** Scope of services, public aide and social security etc....Letting the consumers understand and be aware in one location makes sense. We discussed this in our framework meetings.

Record storage.

Records are stored everywhere and every place without incident. I see no issues with a central storage facility. Problems if they arise should be dealt with harshly and justly to insure total comfort in our system.

The only open in an **EMERGENCY** scenario in our opinion is a LIFE or DEATH situation. No other is acceptable. Accessing someone's records without permission or without consent does constitute a violation of a consumer's right.

As a United States Army Veteran I have experienced first-hand the effects of access in my healthcare and my mental healthcare. It has been nothing but positive. The care, scheduling and overall grade are passing with flying colors. The VA to my knowledge has no problems from this.

These are a few suggestions I and others have come up with.

- 1) Access levels- a system of levels of access providers, care givers, social service and consumers have to records. Not everyone needs the same level of access to these records.
- 2) No one can have access for monetary purposes.
- 3) A safeguard for the consumer not to be treated and judged unfairly because of mental health or health care issues.